

**ELIGIBILITY EXPENDITURE REPORT**  
**FISCAL YEAR 200\_–200\_****COUNTY:** \_\_\_\_\_**INSTRUCTIONS:**

This report is to be completed and sent to the Department of Health Services County Medical Services Program (CMSP) each quarter when the County submits its County Expenditure Claims (CEC) to the State Department of Social Services. This report will be used to determine future expenditure allocations as well as reallocations of unexpended funds. Information on line 217 of schedules DFA 327.4C and DFA 327.5C should match the amount claimed on this report. **This report is due each quarter 15 days following submission of the CEC.**

**Fax to:**

Eligibility Analyst  
CMSP Unit  
FAX: (916) 323-3350  
Phone: (916) 322-1478

**—OR—****Mail to:**

California Department of Health Services  
County Medical Services Program  
Attention: Eligibility Analyst  
1800 3rd Street, Room 100  
P.O. Box 942732  
Sacramento, CA 94234-7320

**FIRST QUARTER**

Date	Amount claimed
Supplemental claim date	Supplemental claim amount

**SECOND QUARTER**

Date	Amount claimed
Supplemental claim date	Supplemental claim amount

**THIRD QUARTER**

Date	Amount claimed
Supplemental claim date	Supplemental claim amount

**FOURTH QUARTER**

Date	Amount claimed
Supplemental claim date	Supplemental claim amount

**I certify under penalty of perjury that the amounts shown above are correct and accurately reflect the information which has been submitted to the State Department of Social Services on regular and supplemental (adjusted) County Expenditure Claims.**

Signature of person completing report	Title	Telephone number	Date
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